

SUFFIELD PARKS AND RECREATION

SOCCER PROGRAM EVALUATION

Thank you for participating in the Suffield Recreational Soccer Program. We hope your child had a memorable experience. In order to continually improve our service to the public, the Parks and Recreation Department would appreciate your feedback.

1. Did your child attend the program on a regular basis? _____
2. What were you most impressed with? _____
3. Did your child improve his/her soccer skills? _____
4. Did your child play enough during a game? _____
5. Did you volunteer to coach or assist? _____ If yes, explain your experience _____

6. Was the play too competitive or just right? _____
7. Did you encounter any problems during the season? _____ if yes, please explain and offer solutions:

8. Were referees fair? _____
9. Would you register for this program again? _____
10. Was the fee reasonable? _____
11. List any suggestions for improving this program for the future? _____

Please return this form to the:

**SUFFIELD PARKS & RECREATION DEPARTMENT
83 Mountain Road, Suffield, CT. 06078**

Name (optional)

Phone

*Please return as soon as possible after the season ends.

Thank you for your time.